



REC 15-400

Knollwood Energy of MA LLC
P.O. Box 30
Chester, New Jersey 07930

September 17, 2015

NHPUC 21SEP15pm3:47

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

Dear Ms Howland,

Enclosed please find the application for the Thompson system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Customer and Facility Information

Tricia Thompson
459 West Salisbury Rd
Salisbury, NH 03268
llbeenmorgan@aol.com
(603) 707-1904

The new Nepool GIS ID # for this facility is: NON 55299. Also enclosed are the Simplified Process Interconnection Application and Service Agreement, Certificate of Completion and NH Owner Statements. An electronic version has been sent to executive.director@puc.nh.gov.

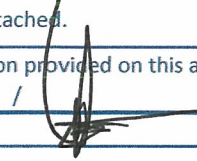
Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Linda Modica
New England REC Operations Manager
Knollwood Energy of MA LLC
973.879.7826
linda@knollwoodenergy.com

Enclosures (3)

New Hampshire Public Utilities Commission		This section for PUC use only:			
		REC#			
Draft Class I or II REC Eligibility Application For Solar Customer-Sited Sources 100 Kilowatts Or Less					
1. Class I <input type="checkbox"/>		Class II <input checked="" type="checkbox"/>		GIS Facility Code	NON 55299
				2. This facility is part of an aggregation.	
		GIS contact info is provided below		yes	no
				X	<input type="checkbox"/>
3. If yes to #2., the facility is part of the Knollwood Energy of MA, LLC aggregation.					
To qualify as a REC eligible facility, PUC 2505.02 (b) requires the source to provide the following information:					
Contact Information					
	Name		Address		City
Facility Owner	Tricia Thompson		459 West Salisbury Rd		Salisbury
Phone 1	603-707-1904	Phone 2		Email	llbeenmorgan@aol.com
Facility Location	(If facility is named)		(if different than owner address)		
Mailing Address	(if different than owner address and/or facility location)				
Application filed by:	(If different than facility owner)				
Business Name	Knollwood Energy of MA		PO Box 30	Chester	NJ
Contact	Linda Modica				
Phone 1	(908) 879-7826	Phone 2		Email	linda@knollwoodenergy.com
Facility Operator	(complete only if a separate operator manages the facility)				
Phone 1		Phone 2		Email	
Installer Company	Granite State Solar		197 N Main Street	Boscawen	NH
Installer Contact	Justin Thomas				
Phone 1	603-369-4318	Phone 2		Email	justin@granitstatesolar.com
Electrician	Shawn Marvel/Granite State Solar		197N Main Street	Boscawen	NH
Phone 1		License #	13363M	Email	shawn@granitstatesolar.com
Equipment Vendor	(If not provided through the installer)				
Phone 1		Phone 2		Email	
Independent Monitor (IM) Name		Paul Button			To obtain a GIS Facility Code contact James Webb, Registry Administrator 408.517.2174, jwebb@apx.com
IM Company Name		Energy Audits Unlimited			
Equipment Information					
	Manufacturer	Quantity	Model # (if available)	Rated Output/unit	Total Rated Capacity
Panels	SunEdison	36	F270	.270	9.72kw (DC)
Inverter(s)	Enphase	36	M215	.215	7.74kw (AC)
Meter	Hialeah-S-02S-20023E	1	Utility Project ID # n/a	Initial date of operation	(mm/dd/year) 06/23/15
To be completed by the owner. Aggregators may include the owner sign-off via email or letter. (PLEASE SEE ATTACHED.....)					
I agree	The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate.				
<input type="checkbox"/>					
The project described in this application will meet the metering requirements of Puc 2506 including:					
I agree	Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the IM, or a designated representative.				
<input type="checkbox"/>					
I agree	A revenue quality meter is used to measure the electricity generated.				
<input type="checkbox"/>					

I agree <input type="checkbox"/>	The facility owner has certified to the IM that the meter operates according to manufacturing standards.
I agree <input type="checkbox"/>	The meter shall be maintained according to the manufacturer's recommendations.
I agree <input type="checkbox"/>	The project is installed and operating in conformance with applicable building codes.
included X	A copy of the facility's interconnection agreement is attached.
The Undersigned declares under penalty of perjury that the information provided on this application is accurate.	
<div style="text-align: right;">  9/15/15 Typed signature required </div>	
Contact Barbara Bernstein at Barbara.bernstein@puc.nh.gov or 603-271-6011 with questions and comments.	

New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor, or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Tricia Thompson

Printed Name of signature owner



Tricia Thompson (Sep 13, 2015)

Signature of system owner

Signature: Linda Modica
Linda Modica (Sep 14, 2015)

Email: Linda@KnollwoodEnergy.com

UNITIL ENERGY SYSTEMS, INC. hereinafter as "UNITIL"
NH INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Simplified Process Interconnection Application and Service Agreement

Contact Information:

Date Prepared: 4/10/15

Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)

Customer or Company Name (print): Tricia Thompson Contact Person, if Company:

Mailing Address: 459 West Salisbury Rd

City: Salisbury State: New Hampshire Zip Code: 03268

Telephone (Daytime): (603) 707-1904 (Evening):

Facsimile Number: E-Mail Address: llbeenmorgan@aol.com

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):

Name: Granite State Solar

Mailing Address: 197 North Main St, Unit 2

City: Boscawen State: New Hampshire Zip Code: 03303

Telephone (Daytime): (603) 369-4318 (Evening):

Facsimile Number: E-Mail Address: justin@granitestatesolar.com

Electrical Contractor Contact Information (if appropriate):

Name: Telephone:

Mailing Address:

City: State: Zip Code:

Facility Information:

Address of Facility: 459 West Salisbury Rd

City: Salisbury State: New Hampshire Zip Code: 03268

Electric Service Company: Unitil Account Number: 1169863-1061552 Meter Number: 452733

Inverter Manufacturer: Enphase Model Name and Number: m215 Quantity: 36

Nameplate Rating: 215 (kW) (kVA) 240 (AC Volts) Single ☒ or Three Phase

System Design Capacity: 7.74 (kVA) (kVA)

Net Metering: If renewably fueled, will the account be Net Metered? Yes ☒ No

Prime Mover: Photovoltaic ☒ Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☐ Other

Energy Source: Solar ☒ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☐ Other

UL 1741.1 (IEEE 1547.1) Listed? Yes ☒ No

Estimated Install Date: April Estimated In-Service Date: April

Customer Signature

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions on the following page:

Interconnecting Customer Signature: Title: Homeowner Date: 4-10-15

Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing.

Approval to Install Facility (For Company use only)

Installation of the Facility is approved contingent upon the terms and conditions of this Agreement and agreement to any system modifications, if required (Are system modifications required? Yes No To be determined):

Company Signature: Title: Date:

Company waives inspection/Witness Test? Yes No



Certificate of Completion for Interconnection

Installation Information: _____ Check if owner-installed

Customer or Company Name (print): Tricia Thompson

Contact Person, if Company: _____

Mailing Address: 459 West Salisbury Rd

City: Salisbury State: NH Zip Code: 03268

Telephone (Daytime): (603) 707-1904 (Evening): _____

Facsimile Number: _____ E-Mail Address: llbeenmorgan@aol.com

Address of Facility (if different from above): _____

City: _____ State: _____ Zip Code: _____

Electrical Contractor's Name (if appropriate): Granite State Solar

Mailing Address: 197 North Main St, Unit 2

City: Boscawen State: NH Zip Code: 03303

Telephone (Daytime): (603) 369-4318 (Evening): _____

Facsimile Number: _____ E-Mail Address: justin@granitestatesolar.com

License number: 0366 C State: NH

Date of approval to install Facility granted by the Company: _____

Application ID number: _____

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of

Salisbury, NH
(City/County/State)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): Charles Bodien

Name (printed): Charles Bodien

Date: 6/23/15

As a condition of interconnection you are required to send a copy of this form along with a copy of the signed electrical permit to Unitil at the following address:

Unitil Corporation
Attention: Generator Interconnections
6 Liberty Lane West
Hampton, NH 03842